SAMPLE FUNCTIONAL TIME SHEET

(OES 113)

ORANIZ	ATION N	AME	i: _															_					PAY	PEF	RIOD): _							
	DAY OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS
Project Number	Funding																																
																																₩	
																																	
TOTAL WO	. HOURS RKED																																
VACATIO	N LEAVE																															 	
SICK LEA	VE																															<u> </u>	
JURY DU	TY																															<u> </u>	
сто нои	IRS TAKEN																																
(LESS) O\	/ERTIME																																
TOTAL RE	EGULAR																																
	CERTIFICATION									RECONCILIATION																							

Attendance, absences and overtime recorded are accurate, verified and/or authorized in accordance with legal requirements and prescribed directives.

Name:	
Title:	
Employee Signature:	
Supervisor Signature:	

RECONCILIATION							
Notes:							
Hours worked							
Leave hours							
Total							
Less overtime hours							
Net Hours							